



**Town of Dedham**  
Board of Health  
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**Public Health**  
Prevent. Promote. Protect.

## Application for Perc Test

**FEE \$ 100.00**

Date: \_\_\_\_\_

**Owner of Property:** \_\_\_\_\_

**Name of Owner:** \_\_\_\_\_

**Name of Soil Evaluator:** \_\_\_\_\_

**Name of Company:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Perc Test is for a:**  
{Please Circle One}

**1. REPAIR (two deep hole and one perc)**

**2. NEW CONSTRUCTION (four deep hole and two perc)**

**Date Requesting:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Alternate Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

By signing below you are stating that your license is current and up to date as a Soil Evaluator that is defined in the Regulations 310 CMR 15.000 the State Environmental Code, Title V: Standard Requirements for the siting, construction, Inspection, Upgrade and Expansion of Onsite Sewage Treatment and Disposal Systems and for the Transport and Disposal of Septic

**Signature of Soil Evaluator**

**Date**